CONSISTENCY IN THE USE OF CONDOMS ON PEOPLE LIVING WITH HIV/AIDS (PLWHA) IN DISTRICT SINTANG

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Abstract

People Living With HIV/AIDS (PLWHA) is a high-risk group. High rates of HIV/AIDS among people living with HIV is due to the low level of awareness for the use of condoms. For the prevention of AIDS, PLWHA need to be consistent in the use of condoms. The purpose of this study is to investigate the determinants of PLWHA consistency in the use condoms, which include age, occupation, education level, marital status, income, knowledge, support of friend, family support and support of health workers or counselors.

This research used cross-sectional framework with sample of 125 PLWHA. Techniques of data collection using questionaries, data analysis using univariate and bivariate analysis using chi square statistical test.

The results showed that the majority of PLWHA has been inconsistent in the use of condoms. Variable related to age, accupation, level of education, knowledge, any support families and support health workers.

The improvement by health promotion program and the consistency of condom using will be more applicable effort.

Keywords: PLWHA, Consistency, Condom

A. Introduction

AIDS stands for Acquired Immune Deficiency Syndrome Acquired means a collection of symptoms caused by lack or weakness of the immune system caused by HIV or Human Immunodeficiency Virus. In Indonesia, HIV/AIDS was first discovered in the province of Bali in 1987 and until 2014 has spread in 386 districts/cities in all provinces in Indonesia. The cumulative number of people living with HIV from 1987 to September 2014 as many as 150.296 people, while the total cumulative AIDS cases as many as 55.799 people.

The number of HIV infections in West Kalimantan were reported in 2012 as many as 607, mostly obtained from the VCT in hospitals. Cases of AIDS as many as 797 cases more than in 2011 (521 cases) where the case was obtained from hospital VCT reports, routine reports of AIDS districts/municipalities and the Department of Health District/City. An increase in AIDS cases is due to the effort of finding or searching the case increasingly intense shifts through VCT in hospitals d an outreach effort by the NGO P eduli AIDS in high-risk groups. HIV/AIDS is an iceberg phenomenon, meaning that the reported cases only a small part in the community. The number of deaths due to AIDS in Kalimantan West in 2012 as many as 149 cases. Tendency *(trend)* of cases of HIV and AIDS in West Kalimantan always increase every year. The number of new cases of HIV/AIDS is the highest in the city of Pontianak (81/110 cases), the number of deaths due to AIDS Highest in Pontianak as many as 18 cases.

Number of HIV cases in the discovery of Sintang District in 2013 which amounted to 430 cases (17.3%). The above data is the data of HIV cases found Sintang report VCT clinics, so that not han yes Sintang District residents but also outside of Sintang. While data for cases of HIV in 2013 Sintang district just 174 people, with the

condition of 75 people already on the stage of AIDS. During the years 2010-2013 the age group 25-49 years old pal ing of HIV infections with a total of 1.122 cases. By mapping the distribution can be known HIV cases during 2011-2013 Sintang already spread throughout the district, according to the District of the highest HIV cases are distri tan Sintang as many as 46 cases. In 2013 the number of AIDS cases in the District Sintang as many as 75 cases of death from AIDS in 2013 as many as seven people. The cumulative number of HIV cases from 1998 to 2013 as many as four 14 cases. Map the spread of AIDS in kasu s Sintang District in 2013 almost all districts in Sintang. memili districts ki AIDS cases as high as the District Sepauk, Sintang, Tebelian River, and the Dark Permai.

Early drug discovery tiretroviral (ARV) in 1996 led to a revolution in the treatment of people with HIV/AIDS (PLWHA) in developed countries. Although not able to cure the disease but dramatically ARV therapy to reduce mortality and morbidity, menin gkatkan cauldron bag life of PLHIV, as well as improving people's expectations, so at this time of HIV/AIDS has been accepted as a disease that can be controlled and no longer considered a dread disease, Figures deaths *(Case Fatality* Rate) due to AIDS in Indonesia since 2004 tended to decrease from 13.86% to 1.67% in 2013.

Situation report Progression of HIV/AIDS in Indonesia until September 2011 showed the number of people living with HIV who receive antiretroviral therapy as many as 22.843 of the 33 provinces d's 300 districts / cities, the ratio of men and women 3: 1, and the highest percentage in the age group of 20- 29 years. The cumulative number of people living with HIV who are eligible ARV Sintang in 2013 amounted to 2,095 persons. The cumulative number of people living with HIV are breathing h antiretrovirals Sintang until the year 2013 as many as 1.873 people. The percentage of people living with HIV who get the services CST at 90.97%.

At first, poor health in people with HIV/AIDS can prevent them from sexual activity. With the perbai further health through ART, sexual desire reappeared and people with HIV/AIDS, is involved in sex. At this time the life expectancy of people with HIV/AIDS is almost the same as people who are HIV-negative.

Expanding access pa da *Anti Retroviral Therapy* (ART) and the increase in the number of people living longer with HIV form a potential source of infection. If people living with HIV do not consistently practice safer sexual behavior, they can Menem patkan themselves at risk of sexually transmitted infections (STIs), HIV infection of other species, and put others at risk for HIV infection.

B. Method

This study was an observational analytic study with a quantitative approach. P Endeka quantitative tan used to provide a picture of the factors associated with risky sexual practices in people with HIV/AIDS.

Explanation of the relationship between the variable-independent variable on the dependent variable ukan sealed with hypothesis testing, as well as the approach to the time of data collection using cross sectional design *(cross-sectional)* where data related independent variables and the dependent variable will be collected at the same time.

Population dijadik early as the subject of this study is that patients with HIV/AIDS were recorded accessing ART in ART clinics in hospitals Sintang with the criteria of exclusion: patients aged 18 years and over at the time of data collection, ready for downloading so research respondents , diagnosed with HIV at least three months, had been sexually active in the past year and have visited the ART clinic at least twice. The total sample of 74 respondents.

C. Result and discussion

The results showed the majority of people living with HIV has been inconsistent in the use of condoms. This is caused by the ability to negotiate and PLWHA strong bargaining position in relation to the respondents' economic dependence on customers. Variables associated is Varia b el-related age, occupation, level of education, knowledge, family support and

support of health workers with PLWHA consistency in the use of condoms.

The results showed there is a significant relationship between age and k onsistensi PLWHA in the use of condoms with a p-value (0.007). According to the theory *Health Belief Model* (HBM) there are four factors that affect a person in preventive measures, namely: the vulnerability, severity, barriers and perceived benefits. These four factors are influenced by demographic factors (age, gender and background), socio-psychological factors (personality and social pressures) and structural variables (knowledge and experience on health issues).

Respondents younger me had behavioral STI and HIV/AIDS due to several factors are like the knowledge and experience gained fewer than old age. The results showed there is a significant relationship between Odh A job consistency in condom use with a p-value (0.003). The results showed there is a significant relationship between the level of education with the consistency of condom use by people living with HIV in the p-value (0.049).

The results showed there is a significant relationship between knowledge and consistency of condom use by people living with HIV in the p-value (0.030). This is in line with the opinion of Notoatmodjo (2007), which suggests a knowledge or cognitive domains that are essential to the formation of one's actions. The depth of knowledge a person can be known through their levels ranging from levels know, someone just able to refer to the terms just based on what is learned or experienced. Then go to the level of understanding, application, analysis, synthesis, and evaluation (Arip, 2013).

Knowledge is a predisposing factor crucial for shaping the behavior so that their knowledge is high then one can realize a tinda the positive (Arip, 2013). Hopefully, by the PLWHA knowledge about STIs and HIV/AIDS can be realized a good attitude and is also manifested in the practice of consciousness and behavioral intentions in the prevention of STIs and HIV/AIDS.

Ukkan menunj research results are a significant relationship between the attitude of the people living with HIV consistency in the use of condoms with a p-value (0.033). Theoretically according to Henry et al (2011) attitude is a reaction or response from a person who is still closed to the stimulus or object. Attitude makes a person toward or away from another person or other object, but a positive attitude or supportive of health values are not always materialize in action (Siti Fatimah, 2013).

D. Conclusion

Efforts to improve health romosi p program should be more applicable and PLWHA consistent in using condoms.

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